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SFSP First Week Visit Form

Date of Site Visit: _____

Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Supervisor: _____ Additional Site Staff: _____

1. Has the Site Supervisor and other site personnel received training? ☐ Yes ☐ No
2. Are Point of Service meal counts properly taken and recorded? ☐ Yes ☐ No
3. Are all required records being completed? ☐ Yes ☐ No
4. Are second meals served? If yes, is this excessive? ☐ Yes ☐ No
5. Do meals meet meal pattern requirements? ☐ Yes ☐ No
6. Are proper food safety and sanitation practices followed during the preparation, storage, and service of meals, and handling of leftovers? ☐ Yes ☐ No
7. Is the meal adjustment procedure sufficient? ☐ Yes ☐ No
8. Are meals served during the time approved by the State Agency? ☐ Yes ☐ No
9. Are all meals served and consumed on-site? (It is up to the sponsor's discretion to allow **either** a fruit, vegetable, or grain to be taken off site). ☐ Yes ☐ No
10. Is there an "And Justice for All" non-discrimination poster on display in a prominent place?
☐ Yes ☐ No

List any problems that were noted and any necessary corrective actions: _____

Monitor's Name: _____

Monitor's Signature: _____ Date: _____